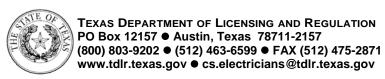


TEXAS DEPARTMENT OF LICENSING AND REGULATION PO Box 12157 ● Austin, Texas 78711-2157 (800) 803-9202 ● (512) 463-6599 ● FAX (512) 475-2871 www.tdlr.texas.gov ● cs.electricians@tdlr.texas.gov

ELECTRICIAN NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

- 1. NAME Write your name as it appears on your electrician, wireman, or appliance installer license.
- LICENSE NUMBER Write your complete license number as it appears on your license.
- 3. LICENSE TYPE Select the license type you want to update and/or request a duplicate license
- 4. DUPLICATE LICENSE REQUEST Check this box if you want a duplicate of your license. Include the \$25 fee.
- CHANGE MY NAME Write your new legal name in the spaces provided. You must submit a copy of the legal document approving or indicating your name change.
- 6. <u>CHANGE MY MAILING ADDRESS</u> Write your new mailing address in the spaces provided. This is the address where we will send you mail. This address can be a post office box.
- 7. CHANGE MY PHYSICAL ADDRESS Write your new physical address. This address cannot be a post office box.
- 8. CHANGE MY PHONE NUMBER Write your new phone number and include your area code.
- CHANGE MY EMAIL ADDRESS Write your new email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
- 10. <u>DATE AND SIGNATURE</u> Date and sign your request form. Changes to your record cannot be made if your request is not signed.



ELECTRICIAN NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST

	Do Not Write	ABOVE THIS LINE			
DUF	PLICATE LICENSE FEE: \$2	25 (FEE IS NON-REFUNDABL	-E)		
1. Name: (As it appears on your electricia	n license)				
2. License Number:		First	Middle Initial	Suffix (JR, SR, III)	
3. License Type:					
☐ Journeyman Electrician	☐ Master Electrician	Maintenance Electrician	Resi	Residential Wireman	
☐ Journeyman Sign Electrician	☐ Master Sign Electrician	Residential Appliance Inst	aller		
	DUPLICATE LIC	ENSE REQUEST			
4. \square I am requesting a duplic	ate/reprint of my license (\$25 fee required)			
5. Change My Name: (submit a co		CHANGE			
or origing my riamor (outsime a ou	py of a government is of logal acc	amont approving your name onange/			
Last		First	Middle	Suffix	
	CONTACT IN	IFORMATION			
6. Change My Mailing Address	3: (PO box can be used for the add	dress)			
			_		
Number, Street Name, Suite Number/Apartment Num	ber				
City		State	Zip C	ode	
7. Change My Physical Addres	ss: (PO box cannot be used for th	e address)			
Number, Street Name, Suite Number/Apartment Num	ber				
City		State	Zip C	ode	
8. Change My Phone Number	9. Change My Em				
Area Code Phone Number	Email ad	dress (ex: johndoe@aol.com) (See Instruction she	et for disclosure informa	tion)	
10. Date and Signature:					
_					
		<u> </u>			
Date Signed		Signature of Lic	Signature of Licensee		